

Foster Family Home - Corrective Action Report

Provider ID: 1-190080

Home Name: Josie Taylan, CNA

94-1035 Kuhaulua Street

Waipahu HI 96797

Review ID: 1-190080-1

Reviewer: David Ayling

Begin Date: 10/11/2019

Foster Family Home

Required Certificate

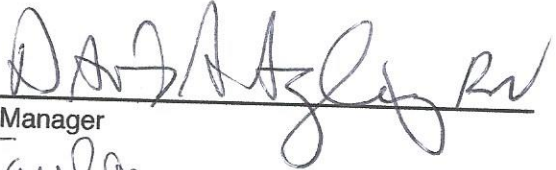
[11-800-6]

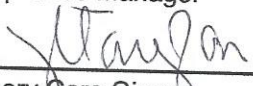
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 10/11/19.

6.(d)(1)-Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

10/11/19
Date

10/11/19
Date